



TOWN OF NARRAGANSETT
Town Hall • 25 Fifth Avenue • Narragansett, RI 02882
Tel. (401) 782-0653 Fax (401) 788-2572

OFFICE OF THE HUMAN RESOURCES MANAGER

Application for Employment

Please print information and complete entire application.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

The Town of Narragansett is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

Position (s) Apply for:	Date of Application
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Last Name	First Name	Middle Name
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Address	Street	City	State	Zip Code
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Telephone Number(s)	Home	Cell	Email address
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How did you learn about this position?

_____ Newspaper _____ Narragansett Website _____ On-line posting _____ Relative

_____ Friend _____ Employment Agency _____ Other: _____

Please answer the following questions:

Have you ever filed an application with us before? If yes, give date _____. Yes/No

Have you ever been employed for the Town of Narragansett previously? (If so, please give dates) Yes/No

Are you legally eligible to work in the United States? (Proof of eligibility will be required upon employment.) Yes/No

Are you over the age of 18 years? (If no, you may be required to provide authorization) Yes/No

Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify an applicant from employment.) Yes/No

If Yes, please explain _____.

On what date would you be available for work? _____

Are you available to work: Full Time____ Part Time____ Shift Work____ Temporary____

Do you have any friends or relatives that are currently employed with the Town?

Names: _____

Education

High School	Years Completed	Graduation Date
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Name of School	Course of Study	Years Completed	Graduation Date
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Name of School	Course of Study	Years Completed	Graduation Date
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Employment History

Begin with current or most recent employer. Include any job-related military service assignments and volunteer activities. Previous salaries or wages will not be used to determine compensation at the Town of Narragansett.

1.

Employer Name	Supervisor Name/Title	Employer Tele. #(s)
Street Address	Job Title	Hourly Rate/Salary
City/Town	State	Zip Code
Dates Employed To/From		
Reason for leaving		
May we contact this employer? Yes/No		

2.

Employer Name	Supervisor Name/Title	Employer Tele. #(s)
Street Address	Job Title	Hourly Rate/Salary
City/Town	State	Zip Code
Dates Employed To/From		
Reason for leaving		
May we contact this employer? Yes/No		

3.

Employer Name	Supervisor Name/Title	Employer Tele. #(s)
Street Address	Job Title	Hourly Rate/Salary
City/Town	State	Zip Code
Dates Employed To/From		
Reason for leaving		
May we contact this employer? Yes/No		

Please attach additional information that you would like to be considered in review of your application.

Professional References

Name	Address	Phone #
Name	Address	Phone #
Name	Address	Phone #

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by the Town of Narragansett that such employment with the town is at will, for no specified duration and may be terminated by either the Town of Narragansett or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Town of Narragansett or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of the Town of Narragansett except the Town Manager has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Town Manager.

In consideration for employment with the Town of Narragansett, if employed, I agree to conform to the rules, regulations, policies and procedures of the Town of Narragansett at all times and understand that such obedience is a condition of employment. I understand that attendance and punctuality are considered essential requirements of every job at the Town of Narragansett and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with the Town of Narragansett, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of these pre-employments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I herby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the Town of Narragansett and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for 12 months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature	Date
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Name of person completing this form if other than applicant: _____